Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled - IMD Yes No Average Daily Census: 33

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	 % 	Less Than 1 Year 1 - 4 Years	18. 2 21. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	60. 6
Day Services	No	Mental Illness (Org./Psy)	15. 2	65 - 74	51. 5		
Respite Care	Yes	Mental Illness (Other)	81. 8	75 - 84	30. 3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	18. 2	***************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	100. 0	[	
Transportation	No	Cerebrovascul ar	3. 0			RNs	13. 3
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	5. 5
Other Services	Yes	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	60. 6	Aides & Orderlies	42. 4
Mentally Ill	Yes			Female	39. 4		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Manageo	l Care		Percent
	Per Diem			m	Per Diem			Per Diem		Per Diem		1	Ĭ	Per Diem	Total	Of All	
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	4	12. 5	\$116. 10	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	4	12. 1%
Skilled Care	Ŏ	0. 0	\$0.00	26	81. 3	\$98. 81	Ŏ	0. 0	\$0.00	ĭ		\$176.50	Ŏ	0. 0	\$0.00	27	81. 8%
Intermediate				2	6. 3	\$81. 53	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	2	6. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	nt 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	0	0. 0		32 1	00.0		0	0.0		1	100.0		0	0.0		33	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Independent Private Home/No Home Health 0.0 Daily Living (ADL) One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 18. 2 42.4 39. 4 33 Other Nursing Homes 46. 2 Dressi ng 33. 3 45.5 21. 2 33 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 60.6 33 30.8 33. 3 6. 1 33.3 33 15. 4 Toilet Use 42. 4 24. 2 Eating 54.5 39.4 6.1 33 7. 7 Other Locations \*\*\*\*\*\* 0.0 Total Number of Admissions Continence Special Treatments 13 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 15. 2 Occ/Freq. Incontinent of Bladder Occ/Freq. Incontinent of Bowel Private Home/No Home Health 8.3 36. 4 0.0 Private Home/With Home Health 0.0 15. 2 0.0 Other Nursing Homes 8.3 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 3.0 Physically Restrained 0.0 0.0 42.4 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 0.0 Deaths 83.3 With Pressure Sores Have Advance Directives 97.0 Total Number of Discharges With Rashes Medi cati ons 9. 1 Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	This Government		Under 50		Skilled		Al l	
	Facility	ity Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 1	<b>87.</b> 0	1. 12	87. 1	1. 11	84. 1	1. 15	84. 5	1. 15
Current Residents from In-County	45. 5	75. 8	0.60	73. 7	0. 62	76. 2	0.60	77. 5	0. 59
Admissions from In-County, Still Residing	15. 4	28. 9	0. 53	39. 5	0. 39	22. 2	0. 69	21. 5	0.72
Admi ssi ons/Average Daily Census	39. 4	81. 9	0. 48	77. 9	0. 51	112. 3	0. 35	124. 3	0. 32
Discharges/Average Daily Census	36. 4	83. 2	0.44	73.8	0.49	112. 8	0. 32	126. 1	0. 29
Discharges To Private Residence/Average Daily Census	3. 0	32. 1	0.09	18. 5	0. 16	44. 1	0. 07	49. 9	0.06
Residents Receiving Skilled Care	93. 9	88. 8	1.06	78. 5	1. 20	89. 6	1.05	83. 3	1. 13
Residents Aged 65 and Older	100	89. 7	1. 11	96. 1	1.04	94. 3	1.06	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	97. 0	<b>69. 4</b>	1.40	79. 5	1. 22	70. 1	1. 38	69. 0	1.41
Private Pay Funded Residents	3. 0	20. 1	0. 15	19. 0	0. 16	21. 4	0. 14	22. 6	0. 13
Developmentally Disabled Residents	0. 0	0.8	0.00	1. 5	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	97. 0	47. 5	2.04	60. 0	1.62	39. 6	2. 45	33. 3	2.91
General Medical Service Residents	0.0	15. 2	0.00	10. 2	0.00	17. 0	0.00	18. 4	0.00
Impaired ADL (Mean)	40. 0	50. 7	0. 79	49. 5	0.81	48. 2	0.83	49. 4	0.81
Psychological Problems	90. 9	<b>58</b> . <b>0</b>	1. 57	63. 4	1.43	50.8	1. 79	50. 1	1.82
Nursing Care Required (Mean)	8. 7	6. 9	1. 26	5. 7	1. 52	6. 7	1. 29	7. 2	1. 22